## Advanced Genomics Laboratory (AGEN)
### TEST DESCRIPTION OVERVIEW

<table>
<thead>
<tr>
<th>Origin of Request</th>
<th>Order Method</th>
<th>Payment Method for Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Children’s Hospital of Wisconsin.</td>
<td>Use EPIC order entry system</td>
<td>AGEN invoices Children’s Hospital of Wisconsin.</td>
</tr>
<tr>
<td>Outpatient Children’s Hospital of Wisconsin.</td>
<td>Provide a prescription for outpatient testing. Write “DDDA” in the additional tests section of the outpatient Laboratory Order Form. Fax CHW outpatient laboratory order sheet to 414-955-6128.</td>
<td>AGEN invoices Children’s Hospital of Wisconsin.</td>
</tr>
<tr>
<td>Outside Referring Diagnostic Laboratory</td>
<td>Review the Specimen Collection and Transport Guide. Complete the Test Requisition Form.</td>
<td>AGEN invoices Referring Diagnostic Laboratory.</td>
</tr>
</tbody>
</table>

### SPECIMEN DELIVERY ADDRESS
Send samples at room temperature to:
Medical College of Wisconsin
Advanced Genomics Laboratory (AGEN)
Attn: Rachel Lorier
TBRC / CRI Rm C2388
8701 Watertown Plank Road
Milwaukee, WI 53226
Website: www.mcw.edu/AGEN
Email: www.AGEN@mcw.edu

Phone: 414-955-2358  Fax: 414-955-6128